FIREBIRD THEATRE SUMMER 2018
MAINSTAGE MUSICAL AUDITION FORM

Please fill out as much of the requested information below as possible, or circle the appropriate choice where applicable.

Full Name: ____________________________________________________

Age:__________ Height:__________

Eyes: ________________  Hair: __________ _____   Sex:  MALE  FEMALE

NOTABLE PREVIOUS PERFORMANCE EXPERIENCE OR ROLES: (or attach resume)

__________________________________________  COMPANY ____________________  YEAR ___________

Roles for which you are auditioning:

1st Choice:___________________________________________________________________

2nd Choice: ____________________________________________________________________

Would you consider other roles? YES NO   Would you accept an ensemble role? YES NO

Would you consider playing a role of the opposite sex? YES NO

MUSIC AND DANCE TRAINING:

Can you read music? YES NO Singing ability: NONE  AMATEUR  TRAINED (YEARS)

Voice:  BASS  TENOR  BARITONE  ALTO  SOPRANO  Skill: BEGINNER  INTERMEDIATE  ADVANCED

Instruments you play: ____________________________  Skill: BEGINNER  INTERMEDIATE  ADVANCED

DANCE/MOVEMENT:  BALLET  TAP  JAZZ  CONTEMP/MODERN  HIP-HOP  BALLROOM  OTHER

Style (if Other): _____________  # of Years: ______  Skill Level: BEGINNER  INTERMEDIATE  ADVANCED

Special Skills: STAGE COMBAT  JUGGLING  CIRCUS  CHEERLEADING  GYMNASTICS/TUMBLING

Other:

Other Skills to Note:  RIGGING/FLYING  PROPS  SEWING/COSTUMES  SET BUILDING  SET PAINTING

SPECIAL EFFECTS  SOUND DESIGN  LIGHTING
YOUR PREFERRED CONTACT INFO:

Full Name: ___________________________________________________________________________
Mailing address: _______________________________________________________________________
City, State, Zip: ________________________________________________________________________
Home Phone: ________________________________  Cell Phone: ________________________________
E-mail address: ______________________________

Potential medical or other conditions to note: (serious allergies, phobias, etc.):
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Are you currently performing/rehearsing anything now? Please note the show and schedule below:
_____________________________________________________________________________________
_____________________________________________________________________________________

Are there any potential Scheduling Conflicts you’re currently aware of?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

EMERGENCY CONTACT:

Name: _______________________________________________________________________________
Parent or Guardian Info (if Under 18): ______________________________________________________
Home Phone: ________________________________  Cell Phone: ________________________________
Relationship: __________________________________________________________________________
Doctor Name and Phone (if Applicable): ____________________________________________________

Thank you for your interest in our production!

For Office Use Only

Callback: YES  NO  Role Called Back For: ______________________________
Role Offered: ______________________________  Accepted Role: YES  NO